MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015934

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PART II. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a) Liver Failure Due to Carcinomatosis 54 days		- 1		Ш		I _	No	1 (E-41)	lian		MIS. MIII	ired v.c		
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TO STATE 19. WAS AUTOPSY PERFORMED? 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Hem 18.) 19. WAS AUTOPSY PERFORMED? 20s. ACCIDENT SUICIDE HOMICIDE 20s. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART II or PART II of Hem 18.) 20s. TIME OF Hour Month, Day, Year INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. TIME OF Hour Month, Day, Year INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED While AT WORK 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. INJURY OCCURRED 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. SIGNATURE 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. SIGNATURE 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. SIGNATURE 20s. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE 20s. SIGNATURE 20s. ACCURRED 20s. ACCURRED 20s. ACCURRED 20s. ACCURRED 20s. ACCURRED 20s. ACCURRED 20s		5		Ш		ŏ	PART II	 OTHER SIGNIFICANT C disease condition given 	ONDITIONS CONTR in PART 1 (a).	IBUTING TO DEAT	H but not related to	the terminal		
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Shoil Funeral Home, Kansas City, Mg. 4, 7, 5-10-3	.		2		F.	12				,25. DA	TE RECD. BY LOCAL R	EG. 26. REGIST	RAR'S SIGNATURE	_
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(Licensed Embalmer's Statement on Reverse Side)

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,	r my personal super		aned Shamo Official
	Signature of Stude		nied zgrzeżnia (g. z
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.